

2007 Fact Sheet:

Finding the way: Patient navigators

THE BACKGROUND

The first patient navigators were developed by Dr. Harold Freeman, a surgical oncologist at Harlem Hospital, after learning that there was a widespread delay in diagnosis of breast cancer among African American women in Harlem. The navigators were used to help patients find their way in the health-care system, coordinating services and resolving problems and hurdles that can delay care. Today, navigators are used in a variety of health care settings, including several sites in Washington State. Patient navigators are part case manager, part patient advocate and part guardian angel. They help coordinate services among medical personnel; schedule appointments with caregivers; arrange translation or interpretation services; assist patients in obtaining coverage for their care through Medicaid or other forms of financial support; facilitate transportation to and from medical visits; and arrange child-care services during diagnosis and treatment appointments. Navigators also educate people about their chronic condition and treatment plan while educating the health care system about patient needs.

WHY ARE PATIENT NAVIGATORS IMPORTANT?

Factors like geography, economics, education, and culture influence both access to quality care and optimal use of health care for people with chronic health conditions. Patients, family members, and even primary care physicians often lack the information they need to select the most appropriate treatment plan, and the policies of health care organizations can make health care much less user-friendly than it should be. In addition, they can improve care and lower costs in the process.

CHARACTERISTICS OF A SUCCESSFUL PATIENT NAVIGATOR

No particular level of formal education is required, but navigators must be focused on the health-care system. The navigator must be:

- A respected source of information in the target community
- Skilled at communicating both to the target community and the health care system
- Sensitive and compassionate to patient concerns and fears
- Very knowledgeable of the environment and health care system through which the patient must move in order to obtain care

In addition, the institution itself must accommodate navigators. Higher level authority within the health care system must recognize, accept, and support the role of navigators with respect to:

- Facilitating timely care for patients
- Catalyzing changes in the system of care when necessary to respond to client needs and reach the objectives of improved care

In fact, people with many different job titles carry out health navigation. Community Health Workers, *promotoras*, Tribal Community Health Representatives, Cultural Mediator/Medical Interpreters – these all can provide health navigation. They are members of the target communities, and they link people who need health care to health resources. The uniquely necessary characteristic of patient navigators is that that they are not just part of the community but wise in its culture as well as the culture of the health-care system. They also must be able to garner respect from authority at relevant medical institutions. By any name, navigators work to make the health care system more “user friendly” and culturally competent, not just for their own clients but for all members of the target community. Patient Navigator programs assist patients and family members to effectively overcome barriers to effective use of health-care services, ensure that they are not lost in the complexities of the health-care system, and get needed follow-up care in a timely fashion. On the one hand, they translate the medical culture for families unfamiliar with it. On the other, they interpret those families’ cultural needs for a health-care system just as clueless when it comes to many patients.

WHAT IS HAPPENING CURRENTLY IN WASHINGTON?

TRIBAL NAVIGATORS: The Northwest Indian Health Board has been funded by the National Cancer Institute to participate in a cancer navigation initiative. The Northwest Tribal Cancer Navigator Project, headed by Joshua Jones, M.D., was launched in conjunction with tribal health centers. It will expand an existing navigation project into five diverse tribal communities and provide breast, cervical, prostate and colorectal cancer navigation services, including that Yakama and Puyallup tribes.

KOMEN FOUNDATION: The Komen Foundation Puget Sound Affiliate is funding two breast health navigation programs in Washington State. These programs focus on linkage and follow-up for women undergoing treatment for breast cancer.

TITLE XIX ADVISORY COMMITTEE: More recently, the Washington State Medicaid Title XIX Advisory Committee asked HRSA to explore patient navigation funding as a way to decrease racial/ethnic health disparities in Washington State. HRSA submitted a decision package to the governor asking for funding of navigator pilot projects to provide navigation resources to up to 2,000 Medicaid clients. The governor's budget included almost \$3 million for the pilots, but the funding must be confirmed by the Legislature.

BRAINSTORMING: The Title XIX Disparities Subcommittee has also begun considering alternative processes for soliciting interest in the pilot, as well as identifying the criteria for approval and potential sources of technical assistance. The subcommittee sponsored a brainstorming and presentation session, inviting participation from a number of community initiatives aimed at decreasing racial ethnic disparities. Several presentations focused on health workers who perform navigation services, including *promotoras*, community health workers, and cross-cultural interpreters. On January 10, HRSA held a round-table with tribal leaders, specifically focused on tribal initiatives to end disparities. The discussion included information about the Community Health Representatives program. We also heard about systematic barriers that interfere with the elimination of health disparities and the success of CHR programs, including a history of discrimination, lack of trust for authorities, and lack of financial sustainability of pilot projects.

OTHER RECENT INITIATIVES

- ☒ The Hospital Association of New York State and Pfizer have developed a set of manuals and CD-ROMs dedicated to training navigators under the original guidelines that Dr. Freeman developed.
- ☒ In 2005, Congress passed the Patient Navigator, Outreach, and Chronic Disease Prevention Act, a five-year demonstration program for patient navigator services through Community Health Care Centers, National Cancer Institute Centers and Rural Health Clinics across the country. The law had broad bipartisan support, but at last check, is not funded for this fiscal year.
- ☒ The National Cancer Institute wants to study various forms of navigation to understand what works well and has recently funded research to develop a patient navigator research program focused on cancer care. The five-year grants are to be administered by the institute's Center to Reduce Cancer Health Disparities (CRCHD).